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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

City of Poway

NAME OF FILER (LAST) Higginson (FIRST) Don (MIDDLE) L

1. Office, Agency, or Court

Agency Name

CITY OF POWAY

Division, Board, Department, District, if applicable

Your Position

MAYOR

► If filing for multiple positions, list below or on an attachment.

Agency: Public Financing Authority
Public Housing Authority
POWAY

Position: CHAIRMAN
CHAIRMAN

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of POWAY

☐ Other

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2012, through December 31, 2012.

☐ **Leaving Office:** Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2012.

☐ The period covered is January 1, 2012, through the date of leaving office.

☐ **Assuming Office:** Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

☐ **Schedule A-1 - Investments** - schedule attached

☒ **Schedule C - Income, Loans, & Business Positions** - schedule attached

☐ **Schedule A-2 - Investments** - schedule attached

☒ **Schedule D - Income - Gifts** - schedule attached

☐ **Schedule B - Real Property** - schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or-

☐ **None** - No reportable interests on any schedule

5. Verification

I certify under penalty of perjury under the laws of the State of

Date Signed 2-1-13

(month, day, year)

Don Higginson
Form 700 Filing - 2012

Multiple positions:

Agency: **Successor Agency to the Poway Redevelopment Agency - Mayor**

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Higginson</u>

1. INCOME RECEIVED	
NAME OF SOURCE OF INCOME <u>TULPSS INC</u>	
ADDRESS (Business Address Acceptable) <u>6060 Cornerstone CT. San Diego</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>FRANCHISING</u>	
YOUR BUSINESS POSITION <u>SR. V.P.</u>	
GROSS INCOME RECEIVED	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000	<input checked="" type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
<input checked="" type="checkbox"/> Salary	<input type="checkbox"/> Spouse's or registered domestic partner's income
<input type="checkbox"/> Loan repayment	<input type="checkbox"/> Partnership
<input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.)	
<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more	
<input type="checkbox"/> Other _____ (Describe)	

1. INCOME RECEIVED	
NAME OF SOURCE OF INCOME	
ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	
YOUR BUSINESS POSITION	
GROSS INCOME RECEIVED	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
<input type="checkbox"/> Salary	<input type="checkbox"/> Spouse's or registered domestic partner's income
<input type="checkbox"/> Loan repayment	<input type="checkbox"/> Partnership
<input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.)	
<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more	
<input type="checkbox"/> Other _____ (Describe)	

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER
HIGHEST BALANCE DURING REPORTING PERIOD
<input type="checkbox"/> \$500 - \$1,000
<input type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> OVER \$100,000

INTEREST RATE	TERM (Months/Years)
_____% <input type="checkbox"/> None	_____
SECURITY FOR LOAN	
<input type="checkbox"/> None	<input type="checkbox"/> Personal residence
<input type="checkbox"/> Real Property	_____ Street address
	_____ City
<input type="checkbox"/> Guarantor	_____
<input type="checkbox"/> Other	_____ (Describe)

Comments: _____

SCHEDULE D **Income - Gifts**

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Higginson</u>

▶ NAME OF SOURCE (Not an Acronym)
PPH LEADERSHIP Recognition
 ADDRESS (Business Address Acceptable)
15255 Innovative DR. S.D.
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
HEALTH

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/27/12</u>	<u>\$200.-</u>	<u>Dinner</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
OLD TOWN Sheriff MUSEUM
 ADDRESS (Business Address Acceptable)
OLD TOWN S.D.
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
MUSEUM

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/4/12</u>	<u>\$250.-</u>	<u>Fundraiser Dinner</u> <u>AUCTION</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Palomar College Presidents Association
 ADDRESS (Business Address Acceptable)
SAN MARCOS, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
FUNDRAISING NON-PROFIT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/1/12</u>	<u>\$420.00</u>	<u>Fundraiser Dinner</u> <u>AUCTION</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____